

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1938	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/09/2021
NAME OF PROVIDER OR SUPPLIER NASHVILLE CENTER FOR REHABILITATION A		STREET ADDRESS, CITY, STATE, ZIP CODE 832 WEDGEWOOD AVENUE NASHVILLE, TN 37203		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments An investigation of complaints TN00055713 and TN00055856 was conducted on 12/9/2021 at Nashville Center for Rehabilitation and Healing. Health deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 000		
N 645 SS=D	1200-08-06-.06(3)(I) Basic Services (3) Infection Control. (k) Space and facilities for housekeeping equipment and supply storage shall be provided in each service area. Storage for bulk supplies and equipment shall be located away from patient care areas. The building shall be kept in good repair, clean, sanitary and safe at all times. This Rule is not met as evidenced by: Based on facility policy, record review, observation, and interview, the facility failed to ensure chemicals were out of Resident's reach for 1 of 3 sampled residents (Resident #2) which had the potential to harm 14 residents on 600 hall who wander. Review of the facility's undated policy titled, "Accidents and Incidents-Investigating and Reporting," revealed, "...All accidents or incidents involving residents, employees, visitors, vendors...occurring on our premises shall be investigated and reported to the Administrator...Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident...the date and time the accident or incident took place...the nature of the	N 645	N 645 (D) - 1200-08-06-06(3) (I) Basic Services 1. Corrective Actions: Cleaning products in the room of Resident #2 removed by nursing. All areas assessable by residents have been searched for cleaning products and no additional products found. 2. Identification of Other Residents Potentially Affected: All residents have the potential to be affected by this alleged deficient practice. 3. Measures / Systemic changes to Prevent Reoccurrence: Environmental Services Director has educated staff on policy and standards related to chemicals in residential areas. All Staff have been educated to monitor and remove any cleaning products left unattended and report to the Director of Nursing. 4. Continuous Quality Improvement: The Director of Environmental Services / Designee will monitor resident accessible areas for unattended cleaning products. Report of findings will be presented at monthly QAPI Meeting for 3 months. Completion Date: 5. 1/7/2022	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6800

15TD11

TITLE

Administrative

(X6) DATE

1/7/2022

If continuation sheet 1 of 4

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JAN 25 2022

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N 645	Continued From page 1 injury/illness...the circumstances surrounding the accident or incident...where the accident or incident...the name of witnesses and their accounts of the accident or incident ...the injured person's account of the accident or incident...the time the injured person's Attending Physician was notified...the date/time the injured person's family was notified and by whom...the condition of the injured person, including his/her vital signs...any corrective action taken...follow up information...The Nurse Supervisor/Charge Nurse and/or the department director of supervisor shall completed a Report of Incident/Accident form and submit the original to the Director of Nursing within 24 hours of the incident or accident...the Director of Nursing shall ensure the Administrator receives a copy of the Report of Incident/Accident form for each occurrence...Incident/Accident reports will be reviewed by the Safety Committee for trends related to accident or safety hazards in the facility and to analyze any individual resident vulnerabilities..." Review of the safety data sheet for "Odor Gone Concentrate," revealed, "...odor gone concentrate...water-based alkali detergent...eye irritation - Category 2...if in eyes : rinse cautiously with water for several minutes, remove contact lenses, if present and easy to do continue rinsing...if eye irritation persists get medical attention...warning may be harmful if swallowed...eye irritant...eyes: rinse cautiously with water for several minutes...skin: wash with plenty of soap and water...inhalation: remove person to fresh air and keep comfortable for breathing...call poison center or a doctor if you feel unwell...ingestion: may be harmful if swallowed...seek medical attention immediately...do not use of store near heat,	N 645		

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N 645	Continued From page 2 sparks, or open flame...store in a cool, dry place...do not get in eyes, on skin or on clothing...keep out of reach of children..." Review of the medical record revealed Resident #2 was admitted to the facility on 4/14/2020 with diagnoses which included Nondisplaced Fracture of Upper End of Right Humerus, Dementia, COPD (Chronic Obstructive Pulmonary Disease), Chronic Respiratory Failure, Emphysema, CKD (Chronic Kidney Disease) stage 3, and Adult Failure to Thrive. Review of the Significant Change MDS (Minimum Data Set) assessment dated 11/18/2021 revealed Resident #2 had a BIMS (Brief Interview of Mental Status) score of 3 indicating severe cognitive decline. Continued review of the MDS revealed she required limited to extensive assistance for ADL care. Resident #2 was able to walk with limited assistance of one person. Balance during transitions and walking revealed Resident #2 was not steady, only able to stabilize with staff assistance. During an observation on 600 hall on 12/9/2021 at 11:38 AM Housekeeping was noted cleaning in Resident #2's room. When this surveyor saw housekeeping had left the room surveyor went to Resident #2's room for another interview. When arriving into room 606 B at 11:40 AM this surveyor noted Sani Chem Odor Gone solution sitting on the air conditioning unit next to window. Surveyor stayed at Resident #2's door way in view of Sani Chem Odor Gone solution awaiting to see if housekeeping would come back to pick up solution. The housekeeper noted to leave hall	N 645		

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N 645	Continued From page 3 at 12:04 PM. Surveyor called LPN #2 to room 606 B. LPN (Licensed Practical Nurse) #2 was asked if solution should be left in room and LPN #2 confirmed it is a safety concern for a confused resident. LPN #2 immediately removed solution at 12:06 PM and placed solution in a secured area. During interview with Housekeeper #1 on 12/9/2021 at 11:53 Surveyor # 45221 asked her about chemicals being in room 606 B. Housekeeper #1 stated, "I did not mean to leave it in there, I normally keep it on my cart." Housekeeper #1 verified she had been trained that chemicals should not be left where accessible to the residents.	N 645		